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DEVIZES RURAL DISTRICT COUNCIL



ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and of the

SENIOR PUBLIC HEALTH INSPECTOR

for the year

1965

DEVIZES RURAL DISTRICT COUNCIL.

The Public Health Department,
Browfort,
DEVIZES,
Wiltshire.

To The Chairman & Members of the Devizes Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you my Annual Report on the health and sanitary condition of the Rural District of Devizes for the year 1965. A slight variation in the form of presentation from that of last year might be noted, but basically, it follows the pattern laid down in Ministry of Health Circular 1/66.

In general, the health of the District can be said to have been satisfactory throughout the year. The Section on Vital Statistics reveals that the birth and death rates in the District approximate closely to the National figures for England and Wales and hardly vary from those of last year.

1965 has, without doubt, been a Measles year, for 332 cases have been notified to us. Quite a large number of cases of Scarlet Fever has also occurred, mostly amongst children in the 5-14 age group. During the Summer months, a certain amount of anxiety was caused by the occurrence of one Diphtheria case and one possible case of Paratyphoid fever; however, each remained an isolated case and intensive investigation failed to reveal source, contact or means of spread.

The problems of milk, and Brucellosis in particular, are enlarged upon in this report, for some activity has been necessary during the year, in investigating positive milk samples.

I would like to thank all the staff of the Health Department for their help and co-operation during the year and in particular, your Chief Public Health Inspector - Mr. G.E.Williams. Following the usual practice, Mr. Williams' report on Environmental matters affecting health, is incorporated within these covers.

My thanks are also due to the Chairman and Members of the Health Committee for their close interest and support.

I have the honour to be,
Your obedient Servant,

ALAN H. HALSTEAD.

Medical Officer of Health.

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PUBLIC HEALTH STAFF.

Medical Officer of Health -

A.H. HALSTEAD, M.B., B.S., D.P.H. (Also Medical Officer of Health, Devizes Borough Council, Assistant County Medical Officer and School Medical Officer for Wiltshire County Council).

Chief Public Health Inspector & Surveyor -

G.E. WILLIAMS, M.R.S.H., M.A.P.H.I.

Additional Public Health Inspectors -

D.W.E. JESSETT, M.A.P.H.I. (Also Deputy Surveyor)

E.W.J. MILLER, A.R.S.H., M.A.P.H.I. Resigned 27.10.1965.

E.W. WRIGHT, M.A.P.H.I. Appointed 6.12.1965.

Rodent Operative -

F.W. BARRETT (Part-time, being shared with Devizes Borough Council).

Clerical Staff -

J. WELLS.

MRS. CLIFFORD.

GENERAL STATISTICS.

Area in Acres	63,491.
Population (Registrar General's Estimate)	14,450.
Number of Inhabited Houses .. Privately Owned	3,305.
.. Owned by Local Authority	1,015.
Rateable Value as at 1st April, 1965	£334,948.
Estimated Product of 1d Rate	£1,290.

VITAL STATISTICS.

Birth and Death Rates compared with other areas. (Births and Deaths per 1,000 population) Standardised*

	Birth Rate.		Death Rate.	
	1964.	1965.	1964.	1965.
Devizes Rural District	18.4	18.4	9.4	9.5
England and Wales	18.4	18.1	11.3	11.5
Wiltshire	20.2	19.6	10.0	10.2
Devizes Borough	16.2	20.0	10.6	9.5

No change has been recorded in the Birth Rate for 1965, it remains at 18.4 and compares closely with the National figure of 18.1 and the Wiltshire figure of 19.6. 236 live births were recorded in the district.

The Death Rate differs little from the 1964 figure and at 9.2 is a favourable rate. 208 deaths occurred in the district - these figures give a crude rate of 14.4. Using the comparability figures provided by the Registrar General, the corrected rate of 9.2 is obtained. The high crude rate is to be expected in view of the weighting of elderly persons provided by patients in Roundway Hospital. Many of these patients normally are not residents of the District and the comparability factor is essential if a fair and accurate comparison is to be made vetween the local rate and those of other areas.

Births and Infantile Deaths.

	Legitimate.		Illegitimate.		Total.
	Male.	Female.	Male.	Female.	
Live Births	123.	100.	5.	8.	236.
Still Births	1.	1.	-	-	2.
Deaths under one year	2.	1.	-	1.	4.
Deaths under four weeks	2.	-	-	1.	3.
Deaths under one week	2.	-	-	1.	3.

Infant Mortality.

Only four deaths occurred among children under one year, three of which occurred in the first week of life from respiratory causes (Pneumonia, Atalectasis and Hyaline membrane).

An Infant Mortality rate could be calculated on these figures and would give an approximate rate of 11.8, but the numbers are really too small for the rate to be of any value for comparative purposes.

Natural Increase.

Increase of live births over total deaths ... 28.

CAUSES OF DEATH.

	1965.			1964.
	Male.	Female.	Total.	Total.
1. Tuberculosis, respiratory.	1.	-	1.	1.
10. Malignant neoplasm, stomach.	2.	1.	3.	2.
11. Malignant neoplasm, lung, bronchus.	6.	1.	7.	8.
12. Malignant neoplasm, breast.	-	1.	1.	1.
13. Malignant neoplasm, uterus.	-	2.	2.	6.
14. Other malignant and lymphatic neoplasms	7.	7.	14.	11.
15. Leukaemia, aleukaemia.	1.	-	1.	-
16. Diabetes.	2.	1.	3.	1.
17. Vasular lesions of nervous system	15.	23.	38.	20.
18. Coronary disease, angina.	27.	21.	48.	28.
19. Hypertension with heart disease.	-	1.	1.	6.
20. Other heart disease.	16.	10.	26.	24.
21. Other circulatory disease.	2.	3.	5.	6.
23. Pneumonia.	4.	20.	24.	25.
24. Bronchitis.	1.	1.	2.	7.
25. Other disease of respiratory system.	1.	2.	3.	3.
27. Gastritis, enteritis and diarrhoea.	1.	-	1.	2.
28. Nephritis and nephrosis.	1.	-	1.	1.
29. Hyperplasia of prostate.	2.	-	2.	1.
31. Congenital malformations.	1.	1.	2.	4.
32. Other defined and ill-defined disease	5.	8.	13.	20.
33. Motor Vehicle accidents.	2.	-	2.	3.
34. All other accidents.	1.	5.	6.	5.
35. Suicide.	1.	1.	2.	1.
36. Other causes.	-	-	-	3.
	99.	109.	208.	189.

208 deaths occurred in the district, the corrected mortality rate being 9.2, a little lower than for 1964 and comparing closely with the Devizes Borough rate of 9.5.

Heart and circulatory disease were responsible for 118 deaths (56% of the total) 86 (41%) being the result of strokes or coronary disease.

73% of all deaths occurred at the age of 65 and over, and 47% at age 75 or over.

INFECTIOUS AND NOTIFIABLE DISEASE.

Notifiable diseases are those conditions defined in the appropriate Sections of Public Health legislation and the number is limited.

At the present time, we have the strange situation where some notifiable disease is largely of historic value only, and much non-notifiable disease is of greater Public Health importance. Notification serves two main purposes, it is of epidemiological and statistical value to the Ministry of Health and Major Authorities and is of immediate importance to those charged with the control of infectious disease among the local community.

Early notification is essential if control measures are to be effective and here we must rely upon the co-operation of the General Practitioner. In cases of serious illness, the General Practitioners' co-operation is admirable and a telephone call, later confirmed by the official form, will set measures into operation immediately. In the case of such diseases as Measles - surely of little relative importance today - one can understand the administrative advantage which may result if the General Practitioner has submitted his week's batch of notifications in one bundle! This advantage may not be appreciated by the General Register Office when compiling their weekly returns.

COMMUNICABLE DISEASE.

Notifiable Diseases.

The following tables give details of the cases notified during the past five years, together with age incidence in cases in 1965 and distribution by Parish :-

Disease	1961.	1962.	1963.	1964.	1965.
Measles	174.	17.	116.	166.	332.
Diphtheria	-	-	-	-	1.
Whooping-cough	17.	-	2.	6.	1.
Scarlet Fever	13.	11.	20.	11.	49.
Tuberculosis	4.	3.	1.	3.	4.
Smallpox	-	-	-	-	-
Acute Penumonia	-	-	1.	-	-
Food Poisoning	-	-	1.	-	-
Dysentery	2.	-	-	6.	-
Typhoid and Paratyphoid	-	-	-	-	1.
Poliomyelitis	-	-	1.	-	-
Peuperal Pyrexia	-	-	-	-	-
Erysipelas	1.	-	-	-	1.

Disease	Age Groups 0-4.	5-14.	15-44.	45-64.	65-74.	Age not Known.	All Ages
Measles	142.	186.	2.	-	-	2.	332.
Scarlet Fever	6.	41.	2.	-	-	-	49.
Tuberculosis	-	1.	1.	1.	-	1.	4.
Whooping-cough	1.	-	-	-	-	-	1.
Diphtheria	-	-	1.	-	-	-	1.
Paratyphoid	-	-	1.	-	-	-	1.
Erysipelas	-	-	-	1.	-	-	1.

COMMUNICABLE DISEASE

(contd.)

Parish	Measles.	Scarlet Fever.	T.B.	Wh. Cough.	Diph.	Para. B.	Erysipelas.
All Cannings	19.	2.	-	-	-	-	-
Beechingstoke	-	-	-	-	-	-	-
Bromham	1.	3.	1.	-	-	1.	-
Bishops Cannings	13.	1.	-	-	-	-	-
Chirton	15.	-	-	-	-	-	-
Easterton	3.	1.	-	1.	-	-	-
Erlestoke	24.	-	-	-	-	-	-
Etchilhampton	4.	-	-	-	-	-	-
Great Cheverell	13.	-	-	-	-	-	-
Little Cheverell	14.	1.	1.	-	-	-	-
Marden	2.	-	-	-	-	-	-
Market Lavington	3.	-	-	-	1.	-	-
Marston	10.	-	-	-	-	-	-
Patney	8.	-	-	-	-	-	-
Potterne	34.	6.	-	-	-	-	1.
Poulshot	1.	1.	-	-	-	-	-
Roundway	10.	1.	1.	-	-	-	-
Rowde	8.	15.	-	-	-	-	-
Seend	52.	-	-	-	-	-	-
Stanton St. Bernard	-	-	-	-	-	-	-
Stert	-	-	-	-	-	-	-
Urchfont	9.	2.	1.	-	-	-	-
West Lavington	68.	16.	-	-	-	-	-
Worton	21.	-	-	-	-	-	-

Notifiable Diseases.

Measles.

332 cases were notified, 184 of which occurred during the first Quarter of the year and as would be expected, involved children of under School-age and Junior School age-groups. Individual parishes seem to have been uniformly affected with West Lavington, Seend and Potterne having the largest numbers.

Scarlet Fever.

49 cases occurred, evenly spread throughout the year and involving children in the 5-14 age-group. West Lavington, Rowde and Potterne were the areas mostly involved. This disease is no longer viewed so seriously as in Pre-War years and indeed, it is in itself usually of little concern to the patient. Unfortunately, the occasional complication still occurs as a result of a clear-cut attack of Scarlet Fever or even the transient sore throat produced in a greater proportion of the population by the same streptococous microbe. Such complications may affect heart or kidneys, or even produce the more general picture of rheumatic fever. While such cases of Scarlet Fever are notified to us and are still visited as a measure towards helping to control the spread of infection, numerous cases of streptococcal sore throat may occur, unknown to the Medical Practitioner. These patients would most probably be in ignorance of the possible risk which they represent to susceptible members of the public, especially children.

Tuberculosis.

4 cases were notified, only one of which occurred in a School-child.

Diphtheria.

One case occurred in early September. A young man living in Lavington was attended by his doctor for a sore throat; a swab was taken and diphtheria organisms were isolated; the patient was immediately removed to Isolation Hospital, but the illness proved to be of a very mild nature and there was no need for isolation for more than a few days. The source of the infection could not be found. His family and other contacts were investigated and fortunately, no other cases occurred. Although a single, isolated case, it is of importance to note that the patient had not been immunised against diphtheria, whereas the contacts, immunised earlier in their lives, were unaffected.

Enteric Infection.

In the first week of October, a case of Paratyphoid B was notified to the Department. The patient had been admitted to Hospital for investigation of a pyrexial illness. A blood-test gave a result strongly suggestive of this infection and the case was investigated and measures taken on the assumption that it was Paratyphoid B. Investigation of family and other contacts proved to be negative and no other cases occurred. Later tests failed to isolate the organism from the patient, no source for the infection was found and some doubt remains as to whether this case was truly one of Paratyphoid.

MILK.

Until recently a considerable proportion of milk consumed in the Devizes area has been raw; this fact has been of some concern to the Department. There tends to be a general misconception that raw T.T. milk is safe in all respects, in fact this designation implies that the milk has come from tuberculin-tested cows, the risk of other infection is not lessened, therefore. During the past year, the major Dairies in the area have changed to retailing pasteurised milk only and this must be considered as a progressive move.

Milk Sampling.

Sampling of milk is a duty delegated to this Council by the Wiltshire County Council. Samples are taken periodically, of both pasteurised and raw milk and sent to the Salisbury Public Health Laboratory for testing. Raw milk is tested for cleanliness and for the presence of harmful bacteria and more frequent samples are taken than for pasteurised milk, where the aim is to determine the efficiency of the heat treatment.

Brucellosis.

Laboratory results of samples taken may often give suspicious results. Occasionally, this is due to effects of S.19 vaccination of cattle, but even when all tests point toward Brucella infection, action cannot be taken unless the Brucella organism has been actually grown on culture. This process takes approximately six weeks, allowing for growth in a guinea-pig. The Brucella organism has something of a reputation for its elusiveness, it is only excreted intermittently and then not necessarily uniformly from each quarter. Isolation thus tends to be a rare occurrence.

Fortunately, we have excellent co-operation from our local farmers and pasteurisation is often arranged informally on the first suggestion of difficulty. The problem can hardly be viewed as a local matter for no restriction of movement/use of infected cows exists.

Difficulty over Brucellosis infection has occurred during the year. Milk samples from one Producer/Retailer did, in fact, give positive test results for Brucellosis and with the farmer's agreement, herd samples were taken, thus identifying the three animals concerned. Two of the three had been infected in the past and their milk diverted for pasteurisation, the third animal was a new offender and no doubt responsible for the present findings. Milk from this beast was diverted also for pasteurisation and the service of a Formal Notice was not required. We are grateful for the ready cp-operation of this farmer and thankful that a satisfactory outcome was reached, without a member of the public becoming infected. The amount of time spent on investigation, sampling and paper work was considerable, of necessity taking several months for there is no short-cut to the lengthy biological test methods required. The solution with regard to milk-borne infection lies in the widespread use of pasteurised milk. Increased use of the Ministry animal vaccination Scheme might be of great value in reducing spread among herds but an early eradication policy at National level would be the final answer.

PREVENTION OF INFECTIOUS DISEASE - IMMUNISATION AND VACCINATION.

Under Section 26 of the National Health Service Act, 1948, provision for vaccination against Smallpox, Diphtheria and such other diseases as the Minister may approve, is the responsibility of the County Council Health Committee. Immunisation against Diphtheria, Whooping-cough and Tetanus is available from one's family doctor and from County Council Child Welfare Immunisation Clinics. Triple antigen is now universally used and a course of injections with vaccine protects infants against all these diseases. With older children, vaccine immunising against Diphtheria and Tetanus, or Tetanus alone, is available. Polio vaccination, using Sabin oral vaccine is offered at Clinics and by General Practitioners. Smallpox vaccination is carried out by the General Practitioner at the patient's request.

I am indebted to Dr. C.D.L.Lycett, County Medical Officer of Health, for the following figures concerning immunisation and vaccination procedures carried out in Devizes Rural District during the year.

The acceptance rate for immunisation with Triple Antigen in Devizes Rural District up to December 31st, 1965 was 65.9. Of 235 babies born in the District, 15.5 were immunised. This is not a very high proportion, although lower numbers may be expected in a widespread, rural area than in an urban one.

Diphtheria/Whooping-cough/Tetanus.

Year of Birth.		1965.	1964.	1963.	1962.	1961.	1956-60.	1950-55.
PRIMARY IMMS.	DIPH.	64.	95.	5,	2.	1.	13.	-
COMPLETED	WH/C.	64.	94.	5.	1.	-	1.	-
1965.	TET.	64.	95.	5.	2.	1.	24.	5.
REINFORCEMENT	DIPH.	-	20.	47.	11.	6.	111.	-
INJECTIONS ADMINISTERED	WH/C.	-	17.	39.	7.	-	23.	-
1965.	TET.	-	20.	48.	11.	5.	121.	6.

Smallpox

AGE GROUPS.	MONTHS.				YEARS.		
	0-3.	3-6.	6-9.	9-12.	1.	2-4.	5-15.
VACCINATIONS	-	2.	3.	6.	100.	16.	12.
RE-VACCINATIONS	-	-	-	-	-	-	10.

Poliomyelitis.

AGE GROUP	3rd Quad.	2nd Inj.	3rd Inj. or 4th Quad.	4th Inj.	3 Oral doses.	2 Orals after 2 injections.	4th Oral after 3 inj. or 3 Oral.
1965.	-	-	-	-	19.	-	-
1964.	-	-	-	-	109.	-	6.
1963.	-	-	-	-	28.	-	2.
1962.	-	-	-	-	4.	-	4.
1961.	-	-	-	-	22.	-	12.
1956 - 1960.	-	-	-	-	24.	3.	139.
1950 - 1955.	-	-	-	1.	3.	-	8.
Others Under 16.	-	-	-	-	3.	-	-
Others Over 16.	-	-	-	-	26.	-	15.
TOTALS	-	-	-	1.	238.	3.	186.

LOCAL HEALTH AUTHORITY SERVICES.

The County Council Health Committee provide the following Health Services:-

1. The care of expectant and nursing mothers and young children.
2. Provision of Midwives and Maternity Nurses.
3. Provision of Health Visitors. A new development is the arrangement whereby Health Visitors will work in closer liason with General Practitioners.
4. Home Nurses.
5. Arrangements for vaccination and immunisation.
6. Ambulances.
7. Mental Health Services.
8. Home Helps. Such help is available if members of a household are ill, lying-in, suffering from mental illness or aged. A charge may be made for such services.
9. Arrangements for the prevention of illness, care and after-care.
10. Health Education.

School Health Service.

Child Welfare Clinics are held in several villages of the District staffed by the local Health Visitor. At the Bromham and Devizes Military Families Clinic, the Medical Officer attends also and immunisation is available. During the year, this service was extended to the Potterne and Worton Clinics. In addition to a weekly Child Welfare Clinic, monthly Immunisation Sessions and varied Specialist Clinics are held in the New Park Street County Council Clinic Building in Devizes. Orthopaedic, Speech Therapy and Chiropody Sessions are held weekly and in the Dental Section, the Dental Officer and his staff are available for children of School-age and under and also expectant-mothers and nursing-mothers; orthodontic treatment is also provided.

Health Education.

In addition to informal Health Education, which forms part of every-day work in discussion or giving of advice to the public, formal talks have been given by your Medical Officer, in Schools in the area, as part of his County duties. Subjects such as smoking and mouth-to-mouth resuscitation have been covered in talks to children and staff. Talks on Health Services and Health Department work have also been given.

NATIONAL HEALTH SERVICE FACILITIES.

General Practitioners.

In addition to the five General Practitioners with Surgery facilities in Devizes, there are two G.Ps working from Surgeries in the Rural District. General Practitioners working in Melksham and Calne have several patients on their lists from the northern part of the District.

Hospitals.

Generally the Devizes and District Hospital provides for general medical, surgical and Paediatric cases in the area. Maternity cases from the area occasionally may be delivered at Chippenham or Bradford Maternity Hospitals, but usually the Devizes Unit is able to accept booked cases. The proportion of Hospital deliveries is thus, fortunately high. Acute. Short-stay Geriatric care which may occasionally be required, will be provided by the District Hospital, but in the main, Geriatric patients needing beds are looked after at St. James' Hospital. The structure of the building is ancient and allows but little flexibility; however, improvements are continually made when and where possible. Roundway Hospital accepts patients needing mental treatment or supervision, from a wide area.

Mass X-Ray Unit.

This Unit visits Devizes fortnightly and arrangements have been made to change the day to Thursday, in order that people attending the Market may make use of this facility.

LABORATORY SERVICES.

Sampling and other Bacteriological and Pathological examinations are carried out for the Devizes Rural District Council by the Public Health Laboratory Service in Salisbury. Numerous samples are taken of water, milk, food-stuffs, etc. and I would like to express my gratitude to Dr. P.Wormald, the Director of the Public Health Laboratory Service for his always ready and willing assistance and advice.

OLD PEOPLE.

As in previous years, visits have been made to elderly people known to the Medical Officer or brought to his attention by the Social Workers. Fortunately, no action under Section 47 of the National Assistance Act, 1948 (and 1951) has been necessary.
It is accepted policy that the aged should continue to live in their own homes for as long as possible. To this end, existing public and voluntary services need to be used to their maximum advantage. Local Authority Services are provided by the Wiltshire County Council, but this Council assist the aged, both by housing and by financial help towards the W.V.S. Meals-on-Wheels Service.

OLD PEOPLE (CONTD.)

The Council have taken a progressive view on housing of the aged and small, easily managed bungalow units have been built on most R.D.C. Estates. Hedges House Group Scheme will be joined soon, we hope, by a new project in the St. Mary's Close Estate at Potterne.

Group Dwellings are intended as purpose-built accommodation for elderly people of pensionable age or over. They are built by the Local Housing Authority with financial assistance towards the Welfare facilities included in the design, from the County Council Welfare Committee. The aim is to ensure that the elderly tenants have their own individual self-contained homes, with their own cherished possessions and independence. At the same time, enjoying certain communal and Welfare facilities.

Group Dwellings are not to be confused with Old People's Homes or Institutions. Tenants are expected to be able to look after themselves, cook and undertake the usual daily household maintenance. Overall care, such as one would find in an Institution, is not provided. Since the elderly will be in need of some care and supervision from time to time, the whole Group Scheme is under the care of a Warden, whose presence is essential for its success. She would be responsible for day-to-day maintenance, but her presence would be of great value in contributing to the peace of mind of the tenants, for they would know that someone was always available for advice and emergencies.

The elderly tend to remain housebound and lonely. In a Group Scheme, social contact is encouraged but not forced. The communal facilities allow them to enjoy companionship if and when they want it, but independence is ensured at any time. The elderly often need some encouragement to be ambulent; wear and tear, arthritis, rheumatism, chest and heart disease, all tell against physical activity, yet this must not be excluded and this need should be remembered in design. Every measure to afford convenience and avoid excessive physical effort must be taken, but at the same time, allow and even encourage some activity.

The Group Dwelling usually consists of up to 25 units, this being the optimum number a Warden can cope with. There has been some tendency in recent years to rationalise accommodation into bed-sitting room/kitchen/bathroom units and this, after initial doubts, has proved popular in virtually every Scheme. In some Schemes, certain amenities such as bath and W.C. are shared and much discussion is heard on this point - such an arrangement resembles that of Welfare Authority Homes and is hardly in keeping with the concept of independence.

OLD PEOPLE (CONTD.)

A combination of bungalow units and two-storey block design will most probably result, but careful attention to stair and corridor design will limit the possibility of difficulties and prevent the appearance of an Institution.
Two-level design is used in almost every Scheme and with sensible allocation of tenancies, the more handicapped will not suffer and the more agile will still be able to exercise their limbs, if housed at first-floor level.

ENVIRONMENTAL HEALTH.

Housing, Water and Sanitation are most adequately covered in the Chief Public Health Inspector's report and only a few observations would seem to be warranted here.

Housing.

Just over 1,000 houses are owned by the Council and they are, of course, of variable design and age. It should be admitted with some pride that the new housing, and especially that seen on the new Estate in Potterne, is of an extremely high standard. For the first time, part- central heating has been included and has been proved to be a welcome amenity. Examples of old houses needing modernisation exist, many even without main drainage or bathrooms, but when new Sewerage Schemes reach outlying villages, this deficiency will be put right and other modernisation plans completed.

REPORT OF THE SURVEYOR & CHIEF PUBLIC HEALTH INSPECTOR.

Mr. Chairman, Ladies & Gentlemen,

I have pleasure in submitting to you my Annual Report for the year, 1965.

I would like to take the opportunity of thanking the Council for its appreciation and support.

My thanks also to the Clerk, Treasurer and particularly, your Medical Officer of Health, for information, advice and help always readily given.

A competent, conscientious and loyal staff is a sine qua non to efficient public service. I cordially acknowledge my gratitude to them.

I have the honour to remain,

Your obedient servant,

G.E.WILLIAMS.

Surveyor & Chief Public Health Inspector.

HOUSING.

Private Enterprise Housing.

Eighty new dwellings of many types were erected. Central heating is becoming commonplace and most houses are equipped with a high standard a work saving gadgetry.

Council Housing.

Fifty-two dwellings were erected. All these were to Parker-Morris standards which means that they were considerably more advanced in equipment than any houses previously constructed by the Council.

During the year, work was almost completed on the erection of a small scheme comprising 4 bungalows and one house for a Warden at Stanton St. Bernard. This is a modification of a full scale Aged Person's Grouped Scheme. The bungalows are equipped with a bell warning system so that the "Warden" can render assistance in case of sickness etc. They are the first of the Council's dwellings to incorporate electric underfloor heating. The Council now own 1023 dwellings which is 23.4% of all the dwellings in the district.

Improvement Grants.

Fifty seven Standard Grants and Ten Discretionary Grants were approved in 1965. Since the commencement of the Improvement Grant scheme in 1951, 797 dwellings have been improved, this includes 591 private and 207 council houses. The cost of improving the 591 private dwellings was approximately £264,953 and the amount paid in grant was approximately £144,431. The cost of improving the 207 council houses was £47,078.

It will be seen that through the implementation of the Improvement Grant scheme, the Council have secured the improvement of 797 dwellings whereas they have only constructed 736 new dwellings since the war. The vigorous administration of the Improvement Grant scheme has thus, in certain important respects, contributed more in elevating the standard of housing accommodation than the provision of post war council houses.

Housing Annual Return.

Appendix 1 shows in the prescribed form the action taken under various sections of the Housing Act, 1957.

Maintenance of Council houses.

The question is sometimes asked whether the direct labour organisation is more costly or less efficient than maintaining Council houses through the agency of Building Contractors.

The question is largely rhetorical because prior to the establishment of the direct labour organisation, it was becoming almost impossible to get certain types of repair jobs done at all. Much of the work, such as the repair of grates and sanitary equipment is tedious and calls for considerable stocks of spare parts of a kind suitable for Council house installations. Normally, private contractors do not hold such stocks and are not interested in this type of work.

There is now little delay in giving attention to repairs. Where previously we had to implore builders to do a job we now instruct a workman to attend to it on a certain date.

Because of the nature and unending variety of building repair jobs it is not practicable to make an assessment of what repairs would have cost had they been executed by Contractors. The only field in which one can get a reasonable basis for comparison is that of external painting. A proportion of dwellings are painted by Contractors and by direct labour. During 1965, 79 dwellings were painted by direct labour at an overall cost of £17 per dwelling as compared to 40 painted by Contractors at a cost of £21 per dwelling. In some cases a satisfactory job was only secured from Contractors after repeated representations.

The number of repair jobs notified during the year was 1821 which can be split into the following catagories:-

Bricklayer	572	Carpenter	296	Plumber	659
Painter	40	Electrician	181	Drainage & fencing etc.	73

This represents an increase of 11% over 1964.

Slum Clearance.

Seven houses were demolished during the year. Demolition Orders were made on six properties and a Closing Order made in respect of one property. Time and Place Notices were served in respect of a further three properties with a view to Closing Orders being made. One Clearance Order in respect of eight dwellings was approved.

Caravans.

This form of housing is used on a small scale in this district. The number of caravan licences is 41 of these, 35 are for single caravans, 2 for 2 caravans, 1 is for 4 permanent and 2 holiday caravans, 2 are for 6 caravans and 1 is for 8 caravans. A permanent residential site for 15 caravans is under construction but progress is extremely slow. A new owner has taken possession of the site.

Common Lodging houses.

There are no common lodging houses in the district.

SEWERAGE.

Good progress was made with the construction of the Poulshot, Worton and Marston scheme which was commenced in June, 1964. Poulshot was operational in October.

Modern sewage works are now operating in the following Parishes:-

Erlestoke.	Easterton.
Market Lavington.	Bromham.
Urchfont (including Wedhampton).	Rowde.
Seend (including Sells Green).	Stanton St. Bernard.
Potterne.	Etchilhampton.
Great Cheverell.	West Lavington.
	Little Cheverell.
	Poulshot.

Nine sewage works and 17 pumping stations and approximately 39 miles of sewers have been constructed at a total cost in the region of £500,000 over the last few years.

Approximately 85% of the population of the district have main sewerage available to them. Work is in progress on the construction of a scheme for Chirton, Patney & Marden at an estimated cost of £78,500. The works will be sited at Marden and the scheme includes 6 pumping stations and approximately 3 miles of sewers and 2 miles of pumping main.

The disposal works being constructed is sufficiently large to receive sewage from Beechingstoke and Wilsford, the latter being in the area of Pewsey R.D.C.

A scheme is under preparation for the Parishes of All Cannings and Bishops Cannings at an estimated cost of £180,000. This will be the final major scheme and will virtually complete the sewering of the district.

Small extensions to existing schemes or small complete schemes are under consideration for the following Parishes:-

Lavington Sands.	Chittoe.
Stert.	Beechingstoke.
Eastcott.	Roundway.
Seend Cleeve and Seend Row.	

The cost of sewering these small hamlets involving long lengths of sewer relative to the number of properties served is formidable. It is likely to work out in the region of £700-£900 per property. Necessary and desirable as sewerage

schemes undoubtedly are, they must surely at this price, be regarded as a luxury which it may not be possible to afford. The cost of providing this one service would, in the case of some properties, be equivalent to the value of the property served. The cry for rural areas to enjoy the same services as urban aggregations is all very well as an ideal, but hard facts often put a different complexion on matters. If Devizes was resewered at £800 per house the cost would be about 2½ million pounds. What would the ratepayers say !

The Council, fortunately, got off the ground fairly quickly with its post war sewerage schemes, some of the earlier and larger schemes were constructed at an average cost of around £200 per dwelling. If one averages the price per dwelling over the whole district the cost of sewering the remote and very thinly populated areas would, of course, be very much lower than the £700-£900 figure quoted above.

Quite a number of Rural District Councils have made no start in the provision of modern sewerage schemes, the cost of doing so at today's prices - which are about 15% above those of 1950 is frightening.

REFUSE.

The weekly system of collection inaugaurated in June, 1964, is working smoothly and is a facility much appreciated by ratepayers in general.

The arrangement whereby the Council dispose of the refuse from Melksham U.D.C., continues to work smoothly, but of necessity hastens the day when further sites for refuse tips have to be acquired. The Council are negotiating the purchase of a large site at Broadway, Market Lavington.

The total cost of collection and disposal for the year ended 31st March, 1966 was £10,152 from which has to be deducted £2,743 for income received giving a nett cost of £7,409. Of the income received £1,045 was from Melksham U.D.C.

The approximate cost of the service per head of population was 10/3d. The Ministry of Housing and Local Government prepare each year an Annual Return of Local Authority costs - the main purpose of this is to enable Local Authorities to see how their costs compare with other approximately similar authorities. If costs are much higher for a roughly similar service the implication is that the services are not run efficiently. The converse also applies. The Council's costs compare well - the average cost per head of population of the 58 Rural authorities included in the return is 16/-, your cost is 10/3d.

Revenue from Salvage was slightly improved over 1964. No buyer could be found for waste paper or the ligher ferrous metals and the price of scrap iron remained low. The total quantity of salvage collected was : Scrap metal £93.12.9d., Rags £36.15.0d., 25% of this sum (£32.11.11d)., was paid in bonus to the workmen engaged on this service.

The by-products of a modern materialist consumer society include motor cars of many shapes and sizes. When these get into the hands of people of straw they leave them to rust and disfigure the countryside or occasionally dump them on the highway verges, common land etc., so far this problem is not an acute one in this area but it will obviously grow rapidly in future. The powers of Local Authorities to deal with abandoned vehicles lacks teeth. In order to try to alleviate this problem the Council will receive derelict motor vehicles at their tip free of charge. They will undertake the removal of a vehicle to the tip for £2.10.0d. Where the owner of an abandoned vehicle cannot be traced (and this is often difficult) the Council will, after a suitable interval, remove the vehicle and impound it at the refuse tip pending ultimate destruction. These measures are palliatives and sterner measures including the formation of a consortium of Authorities to provide special and expensive plant will undoubtedly be necessary as the problem grows.

TOWN & COUNTRY PLANNING.

The number of applications submitted under the Town & Country Planning Acts and the Building Byelaws were as follows:-

Total number of applications.	403
Building Byelaws:	245 approved.1 refused.
Town & Country Planning Acts:	211 approved. 38 refused. 3 withdrawn after negotiation.

There were six appeals to the Ministry. The applicants lost in each case.

Each year shows a substantial increase in the number of applications submitted.

There was considerable building work in progress throughout the district during the year and the volume of work in connection with building inspection and at the application stage makes very heavy demands on your staff.

WATER SUPPLY.

A mains water supply is available to all parts of the district and no water is supplied from public standpipes. The total population supplied is 14500 and the number of dwelling houses 4320. The quality and quantity of the water is satisfactory over the whole area. None of the water is plumbo-solvent.

The Council voted against fluoridation of the water supply and the Wiltshire County Council took a similar view.

Sampling results.

North Wilts Water Board :		116	Satisfactory.
		8	Slight pollution with non-faecal coliform organisms.
		2	Slight pollution with faecal coliform organisms.
R.D.C:	Public supply:	15	Satisfactory.
		2	Slight pollution with non-faecal coliform organisms.
	Private supplies:	1	Slight pollution with non-faecal coliform organisms.
		5	Gross pollution with faecal coliform organisms.

SHOPS.

The Shops, Offices and Railway Premises Act which came into operation in 1964, is the "office worker's Charter" and is intended to secure for indoor workers satisfactory conditions relating to lighting, ventilation, heating, sanitary facilities etc. The Act defines the premises which must be registered with the Local Authority and all premises which it was thought might come within the scope of the Act were circularised and asked to Register. The total number of registrations at December 31st, 1965 was 42. It would appear that many more premises should do so.

Owing to pressure of work and staff changes, little progress has been made in enforcing the provisions of the Act.

FOOD PREMISES.

Food premises in the district have in general, reached a satisfactory standard in regard to equipment and operation. The following table shows the number of premises :

General Retail Food Shops.	Licenced premises.	Butcher's Shops.	Bakehouses.	Fried Fish Shops.	Hospitals Schools & Institutes	Cafes & Licenced premises seving full meals
48	46	7	6	2	24	3

MILK SUPPLIES.

The Wiltshire County Council delegate to this Council their powers of licencing and sampling under the Milk (Special Designations) Regulations, 1960, and the Council are reimbursed by the W.C.C., the cost of part of this work.

The number of Producer/Retailers and Distributors of raw milk was 4. The number of Distributors selling heat-treated milk was 5.

Samoling results:

		Passed.	Failed.	Total.
Methylene Blue test (for keeping quality. Tuberculin tested milk).		32	2	34
Phosphatase test (for efficient pasteurisation).		9	4	13
Biological test (for presence of tubercule bacillus and brucella abortus).	T.B.	24	-	24
	B.A.	14	10	

Individual cow samples were taken to isolate cows affected with brucella abortus and the owners were persuaded to send all their milk for pasteurisation until negative results were obtained.

ICE CREAM.

The number of premises registered for the sale of Ice Cream is 55. Every premise was found to comply with the relevant regulations. At one time the Ice Cream Industry teemed with a multitude of small producers but it is now almost entirely in the hands of two large groups who supply all the shops in the district. One advantage of the larger producer is that they employ rigid bacteriological and chemical control to ensure, as far as possible, a product that does not give rise to any illness. 12 samples were taken and all were satisfactory.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

The number of premises licenced for the boiling of waste foods is five. The provisions of the Order, which requires the sterilisation of all waste foods before feeding livestock, has without doubt borne fruit. This is shown in the lower incidence of certain diseases in pigs.

PETROLEUM ACTS.

There are 81 premises registered under this Act and these are being regularly inspected to ensure that they maintain the required standard.

PUBLIC HEALTH COMPLAINTS.

Type of complaint.	Number.	Remedied.	Out-standing.	No action necessary.
Housing (excluding council housing).	22	19	2	1
Overcrowding.	2	2	-	-
Insanitary houses.	6	2	2	2
Sewerage.	4	4	-	-
Drainage.	13	11	2	-
River pollution.	7	4	3	-
Water.	2	-	-	2
Refuse.	12	12	-	-
Keeping of animals.	2	2	-	-
Fly infestation.	7	7	-	-
Rodent infestation.	103	103	-	-
Footpaths.	2	2	-	-
Smoke.	-	-	-	-
Offensive accumulations.	4	4	-	-
Miscellaneous.	3	2	-	1
Total:	189	174	9	6

SUMMARY OF INSPECTIONS.

Miscellaneous.	212
Housing.	391
Nuisances.	131
Drainage.	377
Sewerage.	103
Water supply.	37
Dairies.	15
Milk sampling.	42
Food inspection.	137
Infectious diseases.	121
Food shops.	117
Bakehouses.	27
Refuse.	21
Workshops & Factories.	82
Petroleum Regulations.	131
Rodent control.	42
Council houses.	1545
Town & Country Planning.	344
Building Inspection.	1921
Diseases of animals.	10
Water samples.	27

RODENT CONTROL.

Regular and systematic inspection and treatment of premises has been maintained during the year. Details of visits made and treatments carried out are shown in the following table.

Sewers in most of the larger villages were test baited and results showed no infestation.

The Council continues to share the services of a Rodent Operator with the Devizes Borough Council and with co-operation on both sides, the arrangement works satisfactorily.

This is an unobstrusive but much appreciated service carried out by a conscientious and very competent operator. In terms of cash, health and peace of mind it undoubtedly yields a high return.

	Type of property.				
	Non-Agricultural.				
	(1) Local Authority.	(2) Dwelling houses (incl. Council houses.	(3) All other (incl. business premises).	(4) Total of col. 1,2 & 3.	(5) Agricultural.
(1) Number of properties in L.A's district.	9	4320	244	4573	845
(2) Total No. of properties insp. as a result of notification.	-	68	3	71	-
No. of such properties found to be infested by:-					
Common Rat) Major	-	10	-	10	-
Common Rat) Minor	-	50	3	53	-
Ship Rat) Major	-	-	-	-	-
Ship Rat) Minor	-	-	-	-	-
House mouse.) Major	-	8	-	8	-
House mouse.) Minor	-	-	-	-	-
(3) Total No. of properties insp. in the course of survey under the Act.	36	2496	52	2584	156
Number of such properties found to be infested by:-					
Common Rat) Major	-	40	5	45	10
Common Rat) Minor	8	82	6	96	18
Ship Rat) Major	-	-	-	-	-
Ship Rat) Minor	-	-	-	-	-
House mouse) Major	-	-	-	-	-
House mouse) Minor	-	-	-	-	-

Continued...

	Type of property.				
	Non-Agricultural.				
	(1)	(2)	(3)	(4)	(5)
(4) Total number of properties otherwise inspected e.g. when visited primarily for some other purpose.	-	-	-	-	-
(6) Number of infested properties (in secs 2,3 & 4) treated by L.A.	8	190	14	212	28
(7) Total treatments carried out incl. re-treatments.	-	-	-	-	-
(8) Number of notices served under Sec.4 of the Act. (a) Treatment.	-	-	-	-	-
(b) Structural work i.e., proofing.	-	-	-	-	-
(9) Number of cases in which default action was taken following issue of a notice under Sec. 4 of the Act.	-	-	-	-	-
(10) Legal Proceedings.	-	-	-	-	-
Number of block control schemes carried out:	19				

MEAT INSPECTION.

Two slaughterhouses, one solely for the requirements of a single butcher and the other serving four or five butchers in the district, have been extremely well maintained and operated. The standard of slaughtering and dressing is high resulting in first class presentation of meat.

The number of carcasses inspected and condemned was as follows:-

	Cattle excluding cows.	Cows.	Calves.	Sheep and lambs.	Pigs.
Number killed and inspected.	543	136	5	327	905
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS.					
Whole carcasses condemned.	-	-	2	-	-
Carcasses of which some part or organ was condemned.	73	35	1	4	83
Percentage of the number inspected affected with disease.	13.44%	25.74%	60%	1.2%	9%
TUBERCULOSIS ONLY.					
Whole carcasses condemned.	-	-	-	-	-
Carcasses of which some part or organ was condemned.	-	-	-	-	20
Percentage of the number inspected affected with tuberculosis.	-	-	-	-	2.2%
CYSTICERCOSIS.					
Carcasses of which some part or organ was condemned.	6	-	-	-	-
Percentage of the number inspected affected with cysticercosis.	1.1%	-	-	-	-

FACTORIES ACT. 1937 & 1959.

The majority of Parishes have at least one factory in the form of a village garage, builder's workshop or bakery. It is usual to carry out inspections under the Factories Act in conjunction with visits under the Petroleum Regulations or the Food & Drugs Act.

Details of the visits are as follows:-

Part 1 of the Act.

1. Inspections for the purpose of provisions as to health.

Premises.	Number on Register.	Inspections.	Number of Notices.	Occupiers prosecuted.
(1) Factories not using machanical power.	1	1	-	-
(2) Factories using mechanical power.	55	67	-	-
(3) Other premises (not including outworker's premises).	-	-	-	-

2. Cases in which defects were found.

Particulars.	Found.	Remedied.	Referred To HM	By HM	Number of prosecutions.
Want of cleanliness (S1)	-	-	-	-	-
Overcrowding (S2)	-	-	-	-	-
Unreasonable temperature (S3)	-	-	-	-	-
Inadequate ventilation (S4)	-	-	-	-	-
Ineffective drainage of floors (S6)	-	-	-	-	-
Sanitary conveniences (S7)					
(a) Insufficient.	-	-	-	-	-
(b) Unsuitable or defective.	1	1	-	1	-
(c) Not separate for sexes.	-	-	-	-	-
Other offence (except outwork).	-	-	-	-	-

Part VIII of the Act.

Thirteen premises are registered for outworkers for the making of wearing apparel. No premises required any action to be taken.

Appendix i.

HOUSING RETURN.

The following is a copy of a return made to the County Medical Officer of Health which is reproduced giving detailed information on certain aspects of housing.

1. Number of permanent dwellings in the district at the end of the year. 4320

2. Number of permanent dwellings in the district owned by the L.A. 1015

3. Number of temporary dwellings in the district owned by the L.A. Nil

4. Number of applications for Council houses at end of year. 370

5. Inspection of dwellings during the year.

   (i) No of dwellings inspected under the Public Health or Housing Acts. 51

   (ii) Number of dwellings found to be unfit. 29

6. Number of dwellings rendered fit as a result of informal action. 27

7. Action under statutory powers.

   A. Proceedings under sections 9,10,12 Housing Act, 1957.

   (i) Number of dwellings where notices were served requiring defects to be remedied. Nil

   (ii) Number of dwellings rendered fit after service of formal notices.
   (a) By owners. Nil
   (b) By L.A. in default. Nil.

   B. Proceedings under the Public Health Acts.

   (i) Number of dwellings where formal notices were served. 1

   (ii) Number of dwellings made fit as a result of formal notices.
   (a) By owners. 1
   (b) By L.A. in default. Nil

C. Proceedings under Section 16 Housing Act, 1957.

(i) Number of Demolition Orders made. 8

(ii) Number of dwellings demolished as a result of Demolition Orders. 7

(iii) Number of Undertaking accepted to make fit or not to relet. 3

(iv) Number of dwellings made fit as a result of Undertakings. 1

D. Proceedings under Sections 42,43,64,48 Housing Act, 1957.

(i) Number of dwellings in Clearance Areas upon which Demolition Orders were made. 11

(ii) Number of dwellings demolished as a result of Demolition Orders. Nil

(iii) Number of dwellings in Clearance Areas which have been retained as temporary accommodation. Nil

E. Proceedings under Sections 17,18,27 Housing Act, 1957. and Section 26 Housing Act, 1961.

(i) Number of dwellings where Closing Orders were made. 1

(ii) Number of dwellings closed as a result of Closing Orders or Undertakings by owners. 1

F. Proceedings under Section 76 Housing Act, 1957.

(i) Number of cases of overcrowding at end of year. Nil

(ii) Number of cases of overcrowding discovered during year. Nil

(iii) Number of cases of overcrowding abated during the year. Nil